

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Robert

First name

Middle name

Caputo

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-9686

Debtor 1 Robert Caputo

Case number (if known) _____

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s) _____

EINs _____

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s) _____

EINs _____

5. Where you live**2 Snow Drop Drive
New City, NY 10956**

Number, Street, City, State & ZIP Code _____

Rockland

County _____

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code _____

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code _____

County _____

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code _____

6. Why you are choosing this district to file for bankruptcy**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Robert Caputo

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.
 Yes.

| | | | | | |
|----------|-------------|------|----------------|-------------|----------------------|
| District | <u>SDNY</u> | When | <u>3/04/13</u> | Case number | <u>13-22376(rdd)</u> |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes.

| | | | | | |
|----------|-------|---------------------|-------|-----------------------|-------|
| Debtor | _____ | Relationship to you | _____ | | |
| District | _____ | When | _____ | Case number, if known | _____ |
| Debtor | _____ | Relationship to you | _____ | | |
| District | _____ | When | _____ | Case number, if known | _____ |

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Robert Caputo

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number, Street, City, State & ZIP Code _____

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property? _____

Number, Street, City, State & Zip Code _____

Debtor 1 Robert Caputo

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Robert Caputo

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

| | | | |
|--|---|--|--|
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | |
| | <input type="checkbox"/> No. Go to line 16b. | | |
| | <input checked="" type="checkbox"/> Yes. Go to line 17. | | |
| 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | |
| | <input type="checkbox"/> No. Go to line 16c. | | |
| | <input type="checkbox"/> Yes. Go to line 17. | | |
| 16c. | State the type of debts you owe that are not consumer debts or business debts | | |
| <hr/> | | | |
| 17. Are you filing under Chapter 7? | <input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. | | |
| Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | |
| | <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes | | |
| <hr/> | | | |
| 18. How many Creditors do you estimate that you owe? | <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| | <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| | <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| | <input type="checkbox"/> 200-999 | | |
| <hr/> | | | |
| 19. How much do you estimate your assets to be worth? | <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| | <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| | <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| | <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |
| <hr/> | | | |
| 20. How much do you estimate your liabilities to be? | <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| | <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| | <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| | <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Robert Caputo

Robert Caputo

Signature of Debtor 1

Signature of Debtor 2

Executed on June 26, 2018

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 Robert Caputo

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Linda Tirelli

Signature of Attorney for Debtor

Date

June 26, 2018

MM / DD / YYYY

Linda Tirelli Esq.

Printed name

Tirelli & Wallshein, LLP

Firm name

50 Main Street

Suite 405

White Plains, NY 10606

Number, Street, City, State & ZIP Code

Contact phone

914-732-3222

Email address

LTirelli@tw-lawgroup.com

NY

Bar number & State

Fill in this information to identify your case:

| | | | |
|---|----------------------|-------------------------------|-----------|
| Debtor 1 | Robert Caputo | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | SOUTHERN DISTRICT OF NEW YORK | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Chase Mortgage

Creditor's Name

**Mail Code: OH4-7302
Po Box 24696
Columbus, OH 43224**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Describe the property that secures the claim:

**2 Snow Drop Drive New City, NY
10956 Rockland County**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Column A
Amount of claim
 Do not deduct the value of collateral.

Unknown

Column B
Value of collateral that supports this claim

\$0.00

Column C
Unsecured portion if any

Unknown

**Opened
10/03 Last
Active 03/13**

Date debt was incurred

Last 4 digits of account number

5801**2.2 Lincoln Auto Financial Service**

Creditor's Name

**Attn: Bankruptcy
Po Box 542000
Omaha, NE 68154**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Describe the property that secures the claim:

\$6,302.00**\$0.00****\$6,302.00****Lease**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit

| | | | | |
|--|------------|---------------------------------|-----------|--|
| Debtor 1 Robert Caputo | First Name | Middle Name | Last Name | Case number (if known) |
| <input type="checkbox"/> Check if this claim relates to a community debt | | | | <input type="checkbox"/> Other (including a right to offset) _____ |
| Opened 05/16 Last Active 6/15/18 | | Date debt was incurred | | |
| | | Last 4 digits of account number | 6592 | |

| | | | | |
|--|---|-------------|--------|-------------|
| 2.3 TD Auto Finance | Describe the property that secures the claim: | \$13,018.00 | \$0.00 | \$13,018.00 |
| <p>Creditor's Name Chrysler Attn: Bankruptcy Po Box 9223 Farmington Hills, MI 48333</p> <p>Number, Street, City, State & Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Opened 02/16 Last Active 05/18</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number</p> | | | | |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> | | | | |

Add the dollar value of your entries in Column A on this page. Write that number here: **\$19,320.00**
 If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here: **\$19,320.00**

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

| | | | |
|---|----------------------|-------------------------------|-----------|
| Debtor 1 | Robert Caputo | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | SOUTHERN DISTRICT OF NEW YORK | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|-----|--|--|
| 4.1 | BB&T Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1847 Wilson, NC 27894 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 1403 \$0.00 When was the debt incurred? Opened 09/16 Last Active 11/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Secured |

Debtor 1 Robert Caputo

Case number (if known)

| | | | |
|-----|---|---|---------|
| 4.2 | Bmw Financial Services Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 3608 Dublin, OH 43016 | Last 4 digits of account number <u>7772</u> | \$0.00 |
| | | When was the debt incurred? <u>Opened 09/07 Last Active 9/22/09</u> | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Lease</u> | | |
| | Who incurred the debt? Check one. | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.3 | Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | Last 4 digits of account number <u>8654</u> | \$15.00 |
| | | When was the debt incurred? <u>Opened 05/15 Last Active 6/11/18</u> | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | |
| 4.4 | Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | Last 4 digits of account number <u>8513</u> | \$64.00 |
| | | When was the debt incurred? <u>Opened 04/14 Last Active 6/07/18</u> | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | |

Debtor 1 Robert Caputo

Case number (if known)

| | | | |
|-----|--|--|--------------------|
| 4.5 | Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code | Last 4 digits of account number 6871 | \$5,419.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? Opened 10/16 Last Active 5/07/18 | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | |
| | <input type="checkbox"/> Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: | |
| | Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Charge Account | |
| 4.6 | Chase Auto Finance Nonpriority Creditor's Name National Bankruptcy Dept 201 N Central Ave Ms Az1-1191 Phoenix, AZ 85004 Number Street City State Zip Code | Last 4 digits of account number 4804 | \$0.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? Opened 12/14 Last Active 08/17 | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | |
| | <input type="checkbox"/> Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: | |
| | Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Automobile | |
| 4.7 | Chase Card Services Nonpriority Creditor's Name Correspondence Dept Po Box 15298 Wilmington, DE 19850 Number Street City State Zip Code | Last 4 digits of account number 1022 | \$19,771.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? Opened 11/85 Last Active 6/19/18 | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | |
| | <input type="checkbox"/> Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: | |
| | Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Credit Card | |

Debtor 1 Robert Caputo

Case number (if known)

| | | | | |
|-----|--|--|-------------|--------|
| 4.8 | DSRM Nat Bank/Valero Nonpriority Creditor's Name Attn: Bankruptcy Po Box 696000 San Antonio, TX 78260 Number Street City State Zip Code | Last 4 digits of account number | <u>0000</u> | \$0.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? | | |
| | <input checked="" type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input checked="" type="checkbox"/> Disputed | | |
| | <input type="checkbox"/> At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u> | | |
| 4.9 | Lincoln Automotive Financial Nonpriority Creditor's Name Attn: Bankruptcy Po Box 542000 Omaha, NE 68154 Number Street City State Zip Code | Last 4 digits of account number | <u>5800</u> | \$0.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? | | |
| | <input checked="" type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input checked="" type="checkbox"/> Disputed | | |
| | <input type="checkbox"/> At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify <u>Automobile</u> | | |
| 4.1 | PNC Bank Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 94982: Cleveland, OH 44101 Number Street City State Zip Code | Last 4 digits of account number | <u>2025</u> | \$0.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? | | |
| | <input checked="" type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input checked="" type="checkbox"/> Disputed | | |
| | <input type="checkbox"/> At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans | | |
| | Is the claim subject to offset? | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify _____ | | |

Debtor 1 Robert Caputo

Case number (if known)

4.1
1Synchrony Bank/HH Gregg

Nonpriority Creditor's Name

Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

0272\$0.00**Opened 05/05 Last Active**
11/06

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.1
2Wf/floorin

Nonpriority Creditor's Name

Mac F8235-02f
Po Box 10438
Des Moines, IA 50306

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

5252\$0.00**Opened 10/06 Last Active**
11/06

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| Total claims from Part 1 | 6a. Domestic support obligations | Total Claim | |
|--------------------------|---|-------------|----------------|
| | | 6a. | \$ <u>0.00</u> |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$ <u>0.00</u> |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ <u>0.00</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ <u>0.00</u> |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. | \$ <u>0.00</u> |
| Total claims from Part 2 | 6f. Student loans | Total Claim | |
| | | 6f. | \$ <u>0.00</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that | 6g. | \$ <u>0.00</u> |

Debtor 1 Robert Caputo

Case number (if known) _____

you did not report as priority claims

6h. **Debts to pension or profit-sharing plans, and other similar debts**

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6j. **Total Nonpriority.** Add lines 6f through 6i.

| | | |
|-----|----|-----------|
| 6h. | \$ | 0.00 |
| 6i. | \$ | 25,269.00 |
| 6j. | \$ | 25,269.00 |

United States Bankruptcy Court
Southern District of New York

In re **Robert Caputo**

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|--------------------|
| For legal services, I have agreed to accept | \$ 6,500.00 |
| Prior to the filing of this statement I have received | \$ 0.00 |
| Balance Due | \$ 6,500.00 |

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 26, 2018

Date

/s/ Linda Tirelli

Linda Tirelli Esq.

Signature of Attorney

Tirelli & Wallshein, LLP

50 Main Street

Suite 405

White Plains, NY 10606

914-732-3222 Fax: 914-517-2696

LTirelli@tw-lawgroup.com

Name of law firm

United States Bankruptcy Court
Southern District of New York

In re **Robert Caputo**

Debtor(s)

Case No.

Chapter

13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: June 26, 2018

/s/ Robert Caputo

Robert Caputo

Signature of Debtor

BB&T
ATTN: BANKRUPTCY
PO BOX 1847
WILSON, NC 27894

BMW FINANCIAL SERVICES
ATTN: BANKRUPTCY DEPARTMENT
PO BOX 3608
DUBLIN, OH 43016

CAPITAL ONE
ATTN: BANKRUPTCY
PO BOX 30285
SALT LAKE CITY, UT 84130

CHASE AUTO FINANCE
NATIONAL BANKRUPTCY DEPT
201 N CENTRAL AVE MS AZ1-1191
PHOENIX, AZ 85004

CHASE CARD SERVICES
CORRESPONDENCE DEPT
PO BOX 15298
WILMINGTON, DE 19850

CHASE MORTGAGE
MAIL CODE: OH4-7302
PO BOX 24696
COLUMBUS, OH 43224

DSRM NAT BANK/VALERO
ATTN: BANKRUPTCY
PO BOX 696000
SAN ANTONIO, TX 78260

LINCOLN AUTO FINANCIAL SERVICE
ATTN: BANKRUPTCY
PO BOX 542000
OMAHA, NE 68154

LINCOLN AUTOMOTIVE FINANCIAL
ATTN: BANKRUPTCY
PO BOX 542000
OMAHA, NE 68154

PNC BANK
ATTN: BANKRUPTCY DEPARTMENT
PO BOX 94982:
CLEVELAND, OH 44101

SYNCHRONY BANK/HH GREGG
ATTN: BANKRUPTCY
PO BOX 965060
ORLANDO, FL 32896

TD AUTO FINANCE
CHRYSLER ATTN: BANKRUPTCY
PO BOX 9223
FARMINGTON HILLS, MI 48333

WF/FLOORIN
MAC F8235-02F
PO BOX 10438
DES MOINES, IA 50306